

# PROJECT 10073 RECORD

1. DATE - TIME GROUP 04/1915 4 January 1962 05/0315Z		2. LOCATION Cupertino, California	
3. SOURCE Civilian		10. CONCLUSION Probable (AIRCRAFT)  Description consistent with aircraft observation. See also NCIO for March 1965 from observer.	
4. NUMBER OF OBJECTS See summary			
5. LENGTH OF OBSERVATION 1 Minutes			
6. TYPE OF OBSERVATION Ground-Visual			
7. COURSE N to NE			
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. BRIEF SUMMARY AND ANALYSIS  Observer sighted a moving white light that changed to green and then to red and then back to white.	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



*No [redacted] files  
given form to him.*

*Apparently local Air Base*

# SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 4 MONTH January YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 7 MINUTES 15 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 7 MINUTES 16 ☐ A.M. ☒ P.M.

4. TIME / ZONE

☐ DAYLIGHT SAVINGS

☒ STANDARD

☐ EASTERN

☐ CENTRAL

☐ MOUNTAIN

☒ PACIFIC

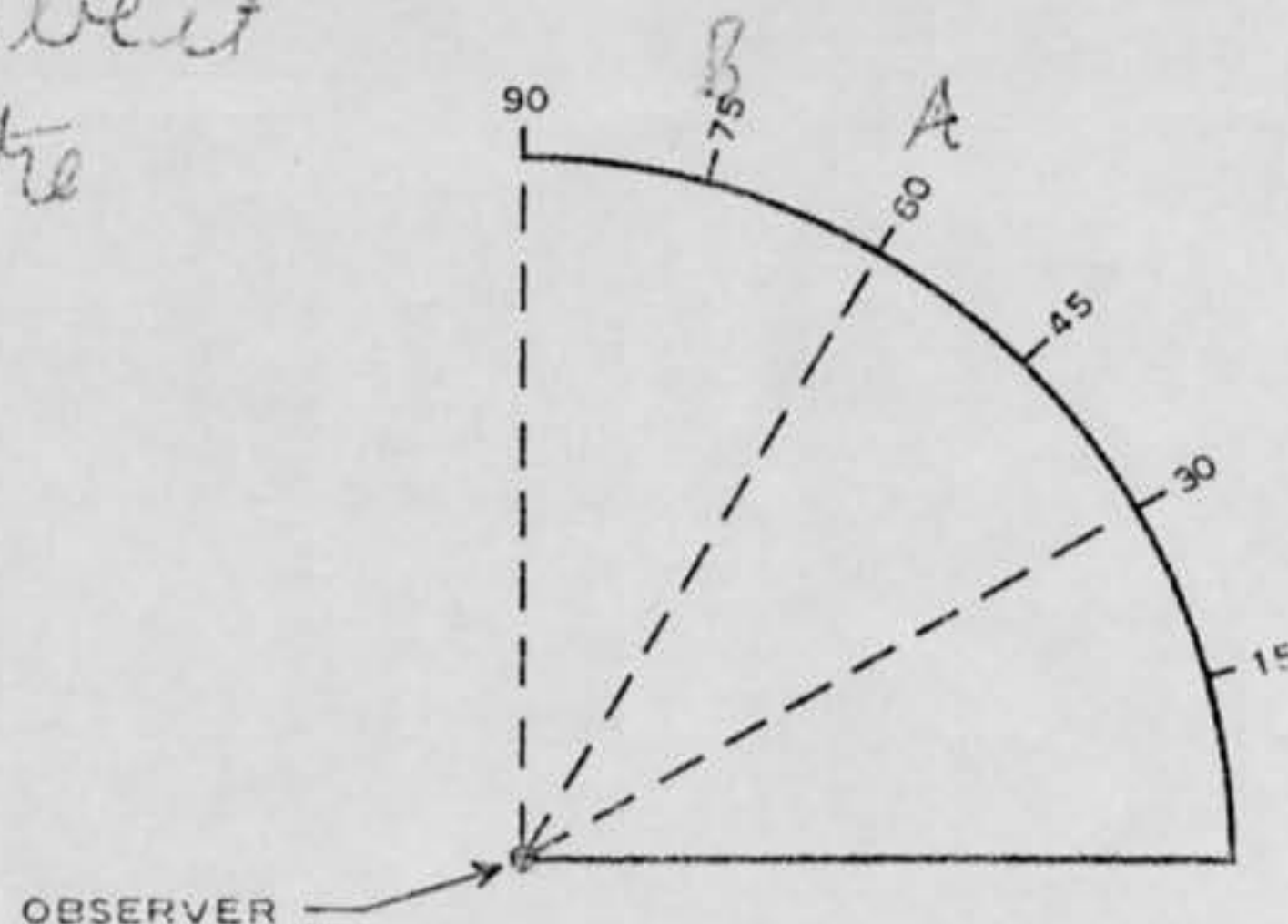
☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

*I was at my house on the second story  
looking out of a window.*

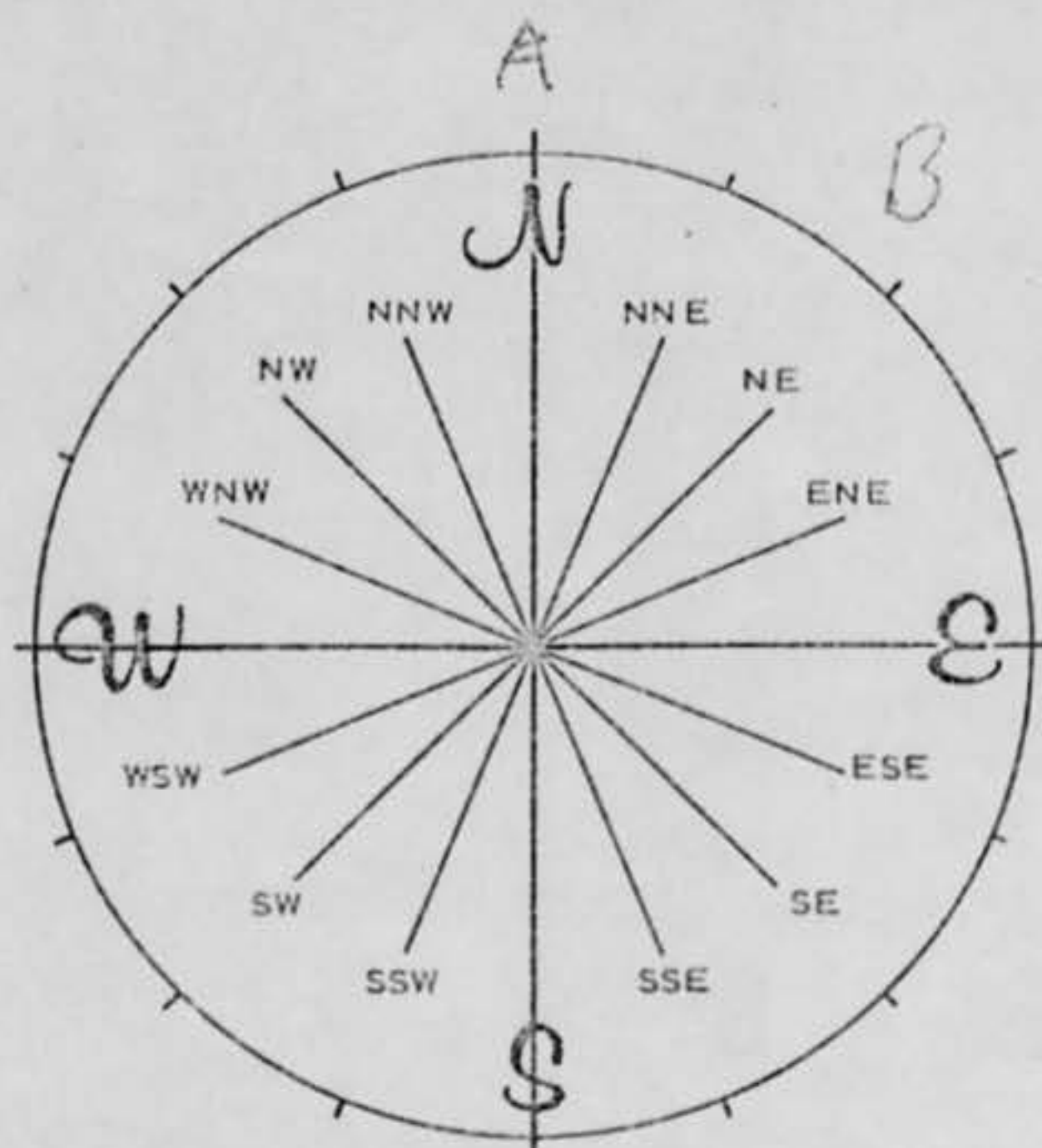
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

*This would be it  
if I was on the  
ground.*

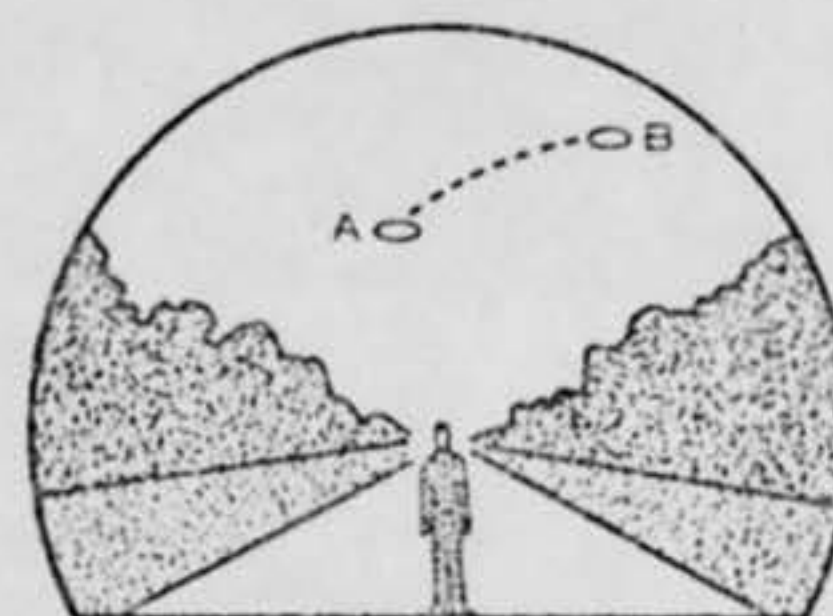
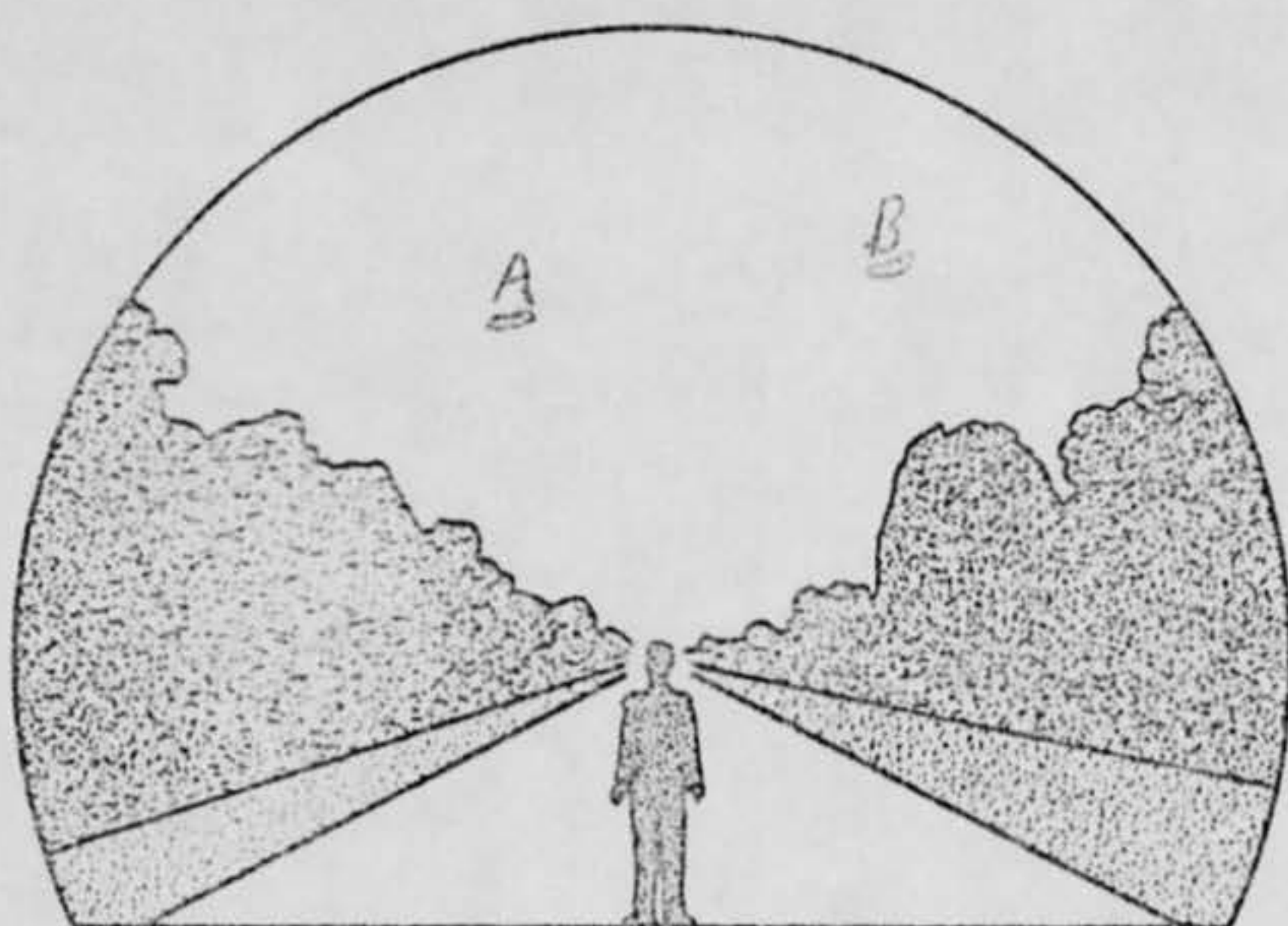




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN. AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>OUTDOORS</td></tr> <tr><td><input checked="" type="checkbox"/> IN BUILDING</td></tr> <tr> <td>IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER</td> </tr> <tr><td>IN BOAT</td></tr> <tr> <td>IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER</td> </tr> <tr><td>OTHER</td></tr> </table>	OUTDOORS	<input checked="" type="checkbox"/> IN BUILDING	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN BOAT	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	OTHER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>IN BUSINESS SECTION OF CITY</td></tr> <tr><td><input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY</td></tr> <tr><td>IN OPEN COUNTRYSIDE</td></tr> <tr><td>NEAR AIRFIELD</td></tr> <tr><td>FLYING OVER CITY</td></tr> <tr><td>FLYING OVER OPEN COUNTRY</td></tr> <tr><td>OTHER</td></tr> </table>	IN BUSINESS SECTION OF CITY	<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY	IN OPEN COUNTRYSIDE	NEAR AIRFIELD	FLYING OVER CITY	FLYING OVER OPEN COUNTRY	OTHER
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OTHER														
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:														
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?												
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO												
SOUTH	WEST													
NORTHEAST	SOUTHEAST													
NORTHWEST	SOUTHWEST													
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.														
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.														
HOW MUCH OTHER TRAFFIC WAS THERE?														
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.														
9. HOW LONG WAS THE PHENOMENON IN SIGHT?														
LENGTH OF TIME <i>approx 1 minute</i>	<input type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE												
	<input checked="" type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS												
HOW WAS TIME DETERMINED? <i>when it was gone, I looked out of the window and saw how far it took and timed it</i>														
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.														



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11.	CONDITIONS (Check appropriate blocks.)
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A. SKY		B. WEATHER			
	DAY		CUMULUS CLOUDS ( <i>Low fluffy</i> )		FOG OR MIST
	TWILIGHT		CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> )		HEAVY RAIN
<input checked="" type="checkbox"/>	NIGHT <input checked="" type="checkbox"/>				LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/>	CLEAR		NIMBUS CLOUDS ( <i>Rain</i> )		HAIL
	PARTLY CLOUDY		CUMULONIMBUS CLOUDS ( <i>Thunderstorms</i> )		SNOW OR SLEET
	COMPLETELY OVERCAST				UNKNOWN
			HAZE OR SMOG	<input checked="" type="checkbox"/>	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON	
<input type="checkbox"/>	NONE	<input type="checkbox"/>	BRIGHT MOONLIGHT
<input checked="" type="checkbox"/>	A FEW	<input type="checkbox"/>	MOON WITH HALO
<input type="checkbox"/>	MANY	<input type="checkbox"/>	MOON HIDDEN BY CLOUDS
<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	PARTIAL ( <i>New or quarter</i> )
		<input checked="" type="checkbox"/>	NO MOONLIGHT
		<input type="checkbox"/>	UNKNOWN

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD ( <i>Near noon</i> )
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

The planet Venus was bright. The town's light was on 20 feet away.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

It was a point of light moving very fast. Then  
the light went out and it became dark. I went to  
get a light went out and it turned ~~on~~ and  
it was that light and it was ~~the~~ light again.  
The light appeared again. I heard a sound in  
my ear and it was a fast sound  
and it was a light.



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	<input checked="" type="checkbox"/>		
	STAND STILL AT ANYTIME?		<input checked="" type="checkbox"/>	
	SUDDENLY SPEED UP AND RUN AWAY?		<input checked="" type="checkbox"/>	
	BREAK UP IN PARTS AND EXPLODE?		<input checked="" type="checkbox"/>	
	CHANGE COLOR?	<input checked="" type="checkbox"/>		
	GIVE OFF SMOKE?		<input checked="" type="checkbox"/>	
	CHANGE BRIGHTNESS?	<input checked="" type="checkbox"/>		
	CHANGE SHAPE?		<input checked="" type="checkbox"/>	
	FLASH OR FLICKER?	<input checked="" type="checkbox"/>		
	DISAPPEAR AND REAPPEAR?		<input checked="" type="checkbox"/>	
	SPIN LIKE A TOP?		<input checked="" type="checkbox"/>	
	MAKE A NOISE?		<input checked="" type="checkbox"/>	
	FLUTTER OR WOBBLE?		<input checked="" type="checkbox"/>	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*I was looking at it when I noticed something under it moving. I felt it was a plane. I thought so.*

A. HOW DID IT FINALLY DISAPPEAR?

*I walked away from it. It kept coming closer it was gone.*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

*It was just a light.*



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

*all of it.*



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

<input checked="" type="checkbox"/>	EYEGLASSES		CAMERA VIEWER
	SUNGLASSES		BINOCULARS
	WINDSHIELD		TELESCOPE
	SIDE WINDOW OF VEHICLE		THEODOLITE
<input checked="" type="checkbox"/>	WINDOWPANE		OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☒ YES ☐ NO

B. DO YOU USE READING GLASSES? ☐ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 21 mph

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 1 mi

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

*a satellite or star moving very  
fast would appear to be same  
light*

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☐ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☐ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip)

TELEPHONE (Area and Number)

AGE

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

*Esperanto, Calif.*

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME *Paul B. B. B.* DAY *5* MONTH *January* YEAR *1987*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *6* MONTH *1* YEAR *1987*